

UNITED STATES DISTRICT COURT
for the
District of North Dakota

American Medical Association, on behalf of itself and its members, Access Independent Health Services, Inc. d/b/a

Red River Women's Clinic, on behalf of itself, its physicians, and its staff, and Kathryn L. Eggleston, M.D.

Plaintiff

v.

Wayne Stenehjem, in his official capacity as Attorney General for the State of North Dakota, and Birch Burdick, in his official capacity as State Attorney for Cass County, as well as their employees, agents, and successors

Defendant

Civil Action No. 1:19-cv-125

To: Above Named Defendant(s)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Thomas A. Dickson
Dickson Law Office
PO Box 1896
Bismarck, North Dakota 58502

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 25, 2019



ROBERT ANSLEY, CLERK OF COURT

/s/ Carla Schultz, Deputy Clerk

Signature of Clerk or Deputy Clerk

Local AO 440 (Rev. 6/11) Summons in a Civil Action (Page 2)

Civil Action No. 1:19-cv-125

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (*name of individual and title, if any*) _____
was received by me on (*date*) _____.

I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or _____

I left the summons at the individual's residence or usual place of abode with (*name*) _____,
_____, a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or _____

I returned the summons unexecuted because _____; or _____

Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: